

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
WORKERS' COMPENSATION SELF-INSURANCE
CONCORD, N.H. 03301

REPORT OF OUTSTANDING LIABILITIES

Annually Ending 20

Employee's Name	1 Date of Injury	2 Paid to Date	3 Orig. Res.	4 Future Res.	Employee's Name	1 Date of Injury	2 Paid to Date	3 Orig. Res.	4 Future Res.

Self-Insurer

Totals
